



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.D. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12117</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Robert L Bandy  P.O. Box, Bldg., Room No., if any P.O. Box 292  Street  City Carterville  State Illinois ZIP Code +4 62918	4. Name, file number, and address of labor organization.  Name Southern Central IL Laborers' Dist. Council  Labor Organization File Number 025-884  P.O. Box, Building and Room Number, if any P.O. Box 1240  Street 805 W. DeYoung Street, Suite D  City Marion  State Illinois ZIP Code +4 62959
5. Position in labor organization. Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert L. Bandy

On

8/15/05  
Date

618 967-9758  
Telephone Number

Name of Person Filing Robert Bandy	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Central Laborers' Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1267</p> <p>Street</p> <p>City Jacksonville</p> <p>State Illinois ZIP Code + 4 62651</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Central Laborers' Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 1267</p> <p>Street</p> <p>City Jacksonville</p> <p>State Illinois ZIP Code + 4 62651</p>	<p>11.a. Nature of such dealing.</p> <p>1/18/04 - lunch \$26.64</p> <p>1/19/04 - dinner \$35.16</p>
	<p>11.b. Approximate dollar value of such dealing. \$62</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lakin Law Firm</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 Evans Avenue</p> <p>City Wood River</p> <p>State Illinois ZIP Code + 4 62095</p>	<p>14.a. Nature of payment.</p> <p>1/2/2004 - Annual Hunt approximate value - \$394.79</p> <p>1/15/2004 - Received a box of Omaha Steaks valued at \$143.00</p> <p>12/10/2004 - Attended Christmas Party sponsored by Lakin Law firm valued at \$130.00</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$668</p>

Name of Person Filing Robert Bandy	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Southern IL Laborers' Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2035 Washington Avenue</p> <p>City Cairo</p> <p>State Illinois ZIP Code + 4 62914</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Southern IL Laborers' Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2035 Washington Avenue</p> <p>City Cairo</p> <p>State Illinois ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>1/17/04 - 1/23/04 Expenses for attending the Tri-Fund Conference in Orlando, Florida</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$1,676</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Trustee on Board</p> <hr/> <p>12.b. Amount.</p>



August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room -5616  
Washington, D.C. 20210

**Re: Form LM-30 Filing for Robert L. Bandy**

Dear Sir or Madam:

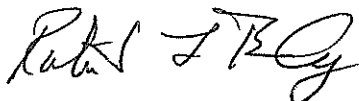
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Bandy", written in a cursive style.

Robert L. Bandy